

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		43	11-11-99
FORMALITY REVIEW		59158	12-13-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	11/16/02
2	11/16/02
3	11/16/02
4	11/16/02
5	11/16/02
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49	11/16/02
50	11/16/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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